U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25393	2 Fiscal Year Covered From				
	1]/[1]/ 2005] Through [12]/[31]/[2005				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name William C Roberts	Name I L A Local #1414				
The special content of the second states of the sec	Labor Organization File Number 009926				
PO Box Bidg Room No if any (P O Box 1911	PO Box Building and Room Number if any P 0 1262				
Street	Street 221 East Lathrop Ave				
City Savannah	City Savannah				
State Georgia ZIP Code + 4 31402	State Georgia				
5 Position in labor organization Business Agent					
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or and irectly had any of the following interests (except as specified in the exclusions set forth in the instructions) — — —					
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name					
Trade Name If any	The second secon				
P O Box Bidg Room No if any	The American				
Street Street	7 b Amount.				
City when the state of the stat	and the same of th				
State ZIP Code + 4OLC JUST	n i i i i n n n n n n n n n n n n n n n				
Signature					
15 Signature and verification The undersigned declares under penalty of Penary and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)					
Signed All Signed	W/6/2 - 8/0 2/2 4/20				

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Name of Person Filing William Roberts		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name Trade Name if any P O Box Bldg Room No if any Street City State 4 ZiP Code + 4	a Labor Organiza b Trust c Employer	tion			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deal	ng			
Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	11 b Approximate dollar val	· · · · · · · · · · · · · · · · · · ·			
	12 b Amount		5		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name I L A Local #1414 Trade Name if any	02/25/2005 Reimbursement check for fuel and maintenance of Union owned vehicle				
PO Box Bldg Room No If any P O Box 1262 Street 221 East Lathrop Ave			ř ž		
City Savannah	I I				
State Georgia ZIP Code + 4 31402 1262	"naturforte toutheur soner teach, ann m	der han anne soule mer breve and statement of statement and	man which lish grapes seeme may make		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		\$293		

Name	of Person F	iling will	liam R	oherts

 \Box

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any tabor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name I L A Local #1414	04/29/2005 Reimoursement check for fuel and maintenance of Union-owned vehicle				
Trade Name if any					
PO Box Bldg Room No If any IP O Box 1262	•				
Street 221 Lathrop Ave					
City Savannah	'				
State Georgia ZIP Code + 4 _31402_1262	parameters prior materials as the same that profits appropriate about the profits and the same a				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment \$329				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name I L A Local #1414	05/06/2005 Reimbursement check for office chair purchased				
Trade Name if any					
PO Box Bldg Room No if any P O Box 1262					
Street 221 East Lathrop Ave	ı				
City Savannah					
State Georgia ZIP Code + 4 31402-1262					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment. \$395				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name I L A Local #1414	06/03/2005 Reimbursement check for executive office chair purchased				
Trade Name If any					
PO Box Bidg Room No If any P O Box 1262					
Street 221 East Lathrop Ave	Andrews at a				
City Savannah					
State Georgia ZIP Code + 4 31402-1262	abit we have give some com				
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment. \$360				